



ENTERING SCHOOL READY TO SUCCEED

Introducing the Education Initiative

United Way of the
Greater Chippewa Valley



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Education Initiative Entering School Ready to Succeed

Health • Social/Emotional Development • Language & Knowledge

Presented by the United Way Education Advisory Council

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United Way of the
Greater Chippewa Valley



INTRODUCTION*

Focus Area: Education Plan Development Process Education Advisory Council

*Current document contains data from original publication

Everyone deserves opportunities to have a good life: a quality education that leads to a stable job, enough income to support a family through retirement, and good health. That's why United Way's work is focused on the building blocks for a good life: Education, Income and Health.

United Way of the Greater Chippewa Valley is working to advance the common good and strengthen systems that result in long-lasting changes in the following ways:

- Education – Helping children enter school ready to succeed,
- Income – Improving financial literacy and employment opportunities,
- Health – Improving access to mental health services, decreasing alcohol misuse, preventing injuries and violence, and reducing chronic disease.

We are all connected and interdependent. We all win when a child succeeds in school, when families are financially stable, and when people are healthy. To "Live United" means being a part of the change. It takes everyone in the community working together to create a brighter future.



FOCUS AREA: EDUCATION

Entering School Ready to Succeed

This report focuses on the topic of "Education" and, more specifically, helping children enter school ready to succeed. It outlines key issues and barriers, target populations, outcomes, strategies, and indicators to help measure success.

PLAN DEVELOPMENT PROCESS

This plan was developed over the past few years, using input from community residents, service providers, community leaders and local, state and national experts.

United Way's Education Advisory Council (page 6) evaluated education issues, established priorities, and guided the planning process. To inform decision-making, the Council reviewed a broad range of statistical data, and conducted more than a dozen focus groups involving hundreds of individuals and organizations. In addition, the Council convened special meetings with service providers to learn about existing programs and the needs of specific populations.

This plan is intended to act as a catalyst for community change, highlighting key issues, documenting current conditions, and providing a means for measuring our collective impact.

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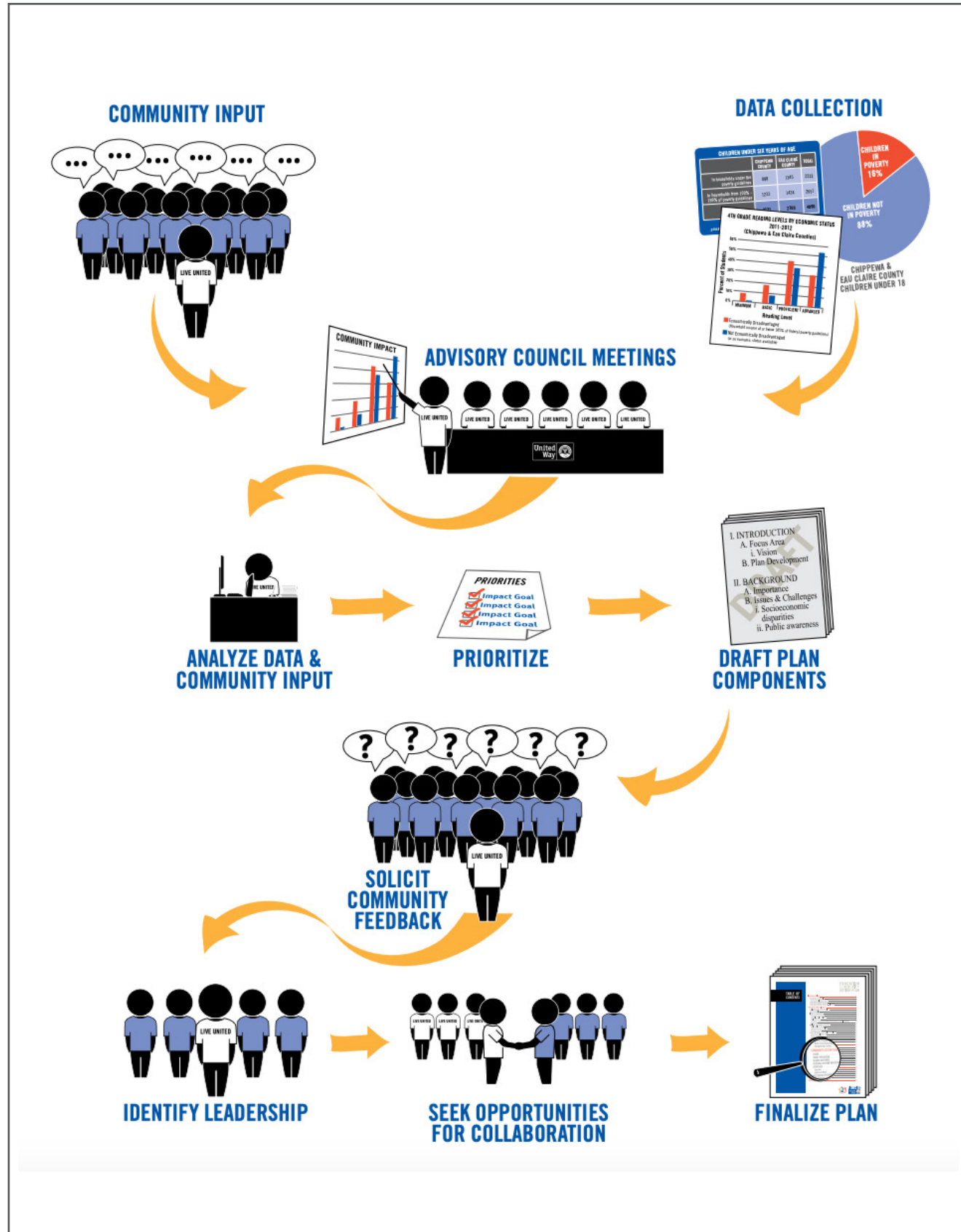
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BACKGROUND & ISSUES*

*Current document contains data from original publication

The Importance of Education
 Early Learning
 Issues & Challenges
 National Programs & Research
 Local Programs Provided Key Input

THE IMPORTANCE OF EDUCATION

Education is the cornerstone of individual and community success; however, in 2012, 212 students (12%) in Chippewa and Eau Claire counties did not complete high school.¹ What will be the ultimate cost? It is estimated to be more than \$55 million in lost wages, and almost \$13 million in lost income tax contributions over these students' lifetimes.²

High school drop-outs are many years in the making, and the problems start early. Those without reading skills by the end of third grade, are unlikely to graduate from high school.³

Children's education moves along a continuum from cradle to career. Key milestones along that continuum are:

- School readiness,
- Early-grade literacy and numeracy,
- Successful middle-school transitions,
- On-time high school graduation, and
- Completion of college or advanced training.⁴

Although all of these components are important, United Way of the Greater Chippewa Valley has chosen to start at the beginning, with "school readiness," because research shows that:

- Learning begins at birth, and the first five years are critical to future academic achievement and social success.
- Quality early learning experiences promote optimal child development.
- Children entering kindergarten with the cognitive, social and emotional skills necessary for success, are more likely to graduate from high school⁵ and become contributing members of society.

As global competition demands increase the need for a more specialized and highly trained workforce, the U.S. is producing fewer educated workers, causing America's top economists to call for stronger support for early learning. Investing in early education pays off in myriad

ways, including higher graduation rates, better job skills, increased homeownership, and less likelihood of criminal activities.⁶

EARLY LEARNING

Quality early learning experiences are critical to achieving school readiness. A child's early years, from birth until school age, are a unique period of growth and development—learning to walk and talk, beginning to think independently, understanding how to communicate, and learning to control thoughts and emotions. All of these are critical early learning skills that build a foundation for successful future learning.

Learning begins at birth, and according to State Superintendent, Tony Evers, "High quality early learning opportunities are key to preparing all students for school success and reducing achievement gaps before they start." Positive learning experiences in early childhood help lay the foundation for the future. These experiences impact not only children's ability to function well in kindergarten, but also whether or not they'll be reading proficiently by third grade, succeeding in eighth grade, or graduating from high school. Also, desirable career-related skills—critical thinking, problem-solving, and the ability to work as part of a team—are all based on the foundation built in those early years.

Children learn best when they are engaged in loving, nurturing relationships, and their primary learning occurs through everyday experiences. Whether children are at home, with relatives or friends, or in childcare, the quality of early experiences is key to later school success.

Social, emotional and intellectual learning are inextricably linked. Supportive relationships and healthy interactions actually shape brain circuits and lay a foundation for academic and developmental successes. In fact, 85% of the brain's development happens before kindergarten.⁷

ISSUES & CHALLENGES

Socioeconomic Disparities

"All children need to be ready for school and it is imperative that we address the school readiness gap that exists between kids of different economic and racial backgrounds," said Wisconsin Department of Children and Families Secretary Eloise Anderson. "Improving the quality of early childhood development will pay dividends for all Wisconsin citizens and future generations and ensure children are better prepared to succeed in school and in life."⁸

In March of 2012, The Brookings Institution reported that only 48% of our nation's poor children are ready for school at age five, compared with 75% of children from families with moderate to high income levels, representing a 27% difference. The report highlighted a variety of reasons for this gap, including the fact that mothers living in poverty are often unmarried, poorly educated, and have inadequate parenting skills. They also experience higher rates of depression and poor health.⁹

Persistent poverty, poor health and nutrition, absent

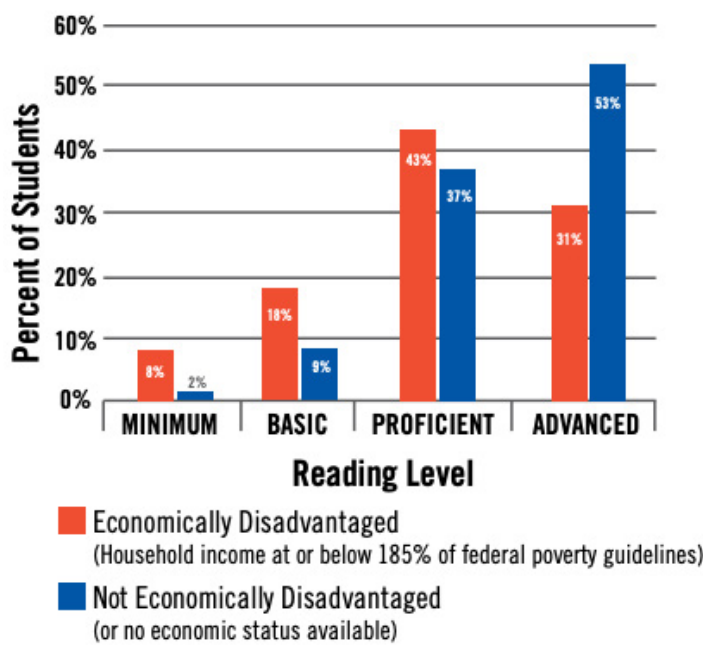
By the 2013-2014 school year, all Wisconsin students will have to test at either the "proficient" or "advanced" level on standardized reading and math tests, or schools may face federal funding sanctions.
 Source: Wisconsin Department of Public Instruction

parents and/or homelessness, can severely impact a child's ability to learn and develop. Children of color and those from low-income families are more likely to enter school with fewer language, literacy, social and other skills compared with children who have greater economic advantages.¹⁰ In fact, when children from low-income families enter kindergarten, they are typically 12-14 months below national norms in language and pre-reading skills.¹¹ These children are also more likely to be in poor health and less likely to receive adequate treatment for health conditions, which can impair cognitive and language skills and behavior.¹²

Children develop language skills before they even speak. Speaking to children in full sentences, using a rich vocabulary, telling stories and singing songs all help children to build pre-literacy skills. On average, children in low-income families do not develop the same vocabulary as their peers in middle-income families. One study showed that by age three, on average, children from middle-income families know approximately 1,100 words, while children in low-income families know only 525 words or less.¹³

Unfortunately, evidence indicates that this problem is getting worse. A recent Stanford study compared test scores of children in low-income brackets with those of children in high-income brackets, between 1960 and 2007.

4TH GRADE READING LEVELS BY ECONOMIC STATUS 2011-2012 (Chippewa & Eau Claire Counties)



Source: Wisconsin Information Network for Successful Schools (Lake Holcombe School District not available, so not included.)

CHILDREN AGES BIRTH TO 5			
	CHIPPEWA COUNTY	EAU CLAIRE COUNTY	TOTAL
In households under the poverty guidelines	888	1,345	2,233
In households from 100% - 199% of poverty guidelines	1,233	1,424	2,657
TOTAL < 200%	2,121	2,769	4,890

Source: U.S. Census Bureau 2008-2010 American Community Survey 3-Year Estimates

NUMBER OF FAMILIES WITH RELATED CHILDREN UNDER 5 YEARS OF AGE, UNDER 185% OF POVERTY GUIDELINES

Percent of Poverty Guidelines	CHIPPEWA COUNTY			EAU CLAIRE COUNTY			BOTH COUNTIES		
	< 130%	130-149%	150-184%	< 130%	130-149%	150-184%	< 130%	130-149%	150-184%
Married couple	82	0	21	246	131	213	328	131	234
Male householder No wife present	82	6	0	5	5	0	87	11	0
Female householder No husband present	263	78	18	540	54	55	803	132	73
TOTALS	427	84	39	791	190	268	1,218	274	307
	550			1,249			1,799		

Source: U.S. Census Bureau 2008-2010 American Community Survey 3-Year Estimates

The results showed that the achievement gap between rich and poor students has grown by 40%, and is now almost twice as large as the black-white achievement gap. Some factors that contribute to this gap include the following:

- Families with higher income levels invest more time and money in their children (extra activities, classes and tutors);
- Families with higher income can afford better child care, preschools and elementary schools; and
- The reduction in social services has removed the "safety net" for many low-income families.

Stanford researcher, Sean Reardon, School of Education, concluded that "...early childhood interventions might be the most reasonable way to start bridging the gap. The socioeconomic differences in literacy and math skills are already large before children enter kindergarten; it's likely to be easier to prevent them than to remedy them after children start school."¹⁴

According to the U.S. Census Bureau statistics from 2008-2010, in the Chippewa Valley, there were 4,890 children (ages birth to five) who may have faced school readiness challenges due to their economic situation - 2,233 children living in households below the poverty guidelines, and another 2,657 children living in "near poor" conditions (below 200% of the poverty guidelines).

Although family statistics are collected in slightly different categories, we know that these children lived in more than 1,800 families.

Affordable, Quality Child Care

Formal Child Care

Most young children spend some time in non-parental care. In fact infants and toddlers with employed mothers spend an average of 25 hours per week in child care, and 39% are in child care for 35 hours or more each week.¹⁵

In the Chippewa Valley, there are more than 5,400 children, under the age of six, in regulated child care settings (including certified or licensed home-based centers, group child care centers, Head Start and preschool programs, and half-day 4K programs).¹⁶ Although we have no way of knowing how many children are in informal child care settings (i.e., with family or friends), it is estimated that more than 70% of Wisconsin's young children are in some type of child care or early education programs outside of their homes.¹⁷

CHIPPEWA VALLEY CHILDREN IN REGULATED CHILD CARE SETTINGS

Chippewa County	1,506
Eau Claire County	3,898
Total	5,404

Informal Caregivers

More than half of infants and toddlers from low-income households are cared for by family or friends. At least two-thirds of family, friend and neighbor caregivers are grandparents, who are often isolated from community supports, and some may not be aware of current child development research. Because of the informal nature of this type of care, few unregulated providers are connected to training, resources or support. In addition, most initiatives designed to improve the quality of child care focus on regulated providers, leaving out informal caregivers.¹⁸

Quality

The quality of care arrangements, whether in formal or informal care is a key determinant of how well-prepared children are for school. One study found that children in high-quality child care had greater mathematical ability, thinking and attention skills, and fewer behavioral problems than those in lower quality care. This was true for children from a variety of family backgrounds, and there were more significant effects for children in lower-income families.¹⁹

Beginning in July of 2012, all child care providers who accept Wisconsin Shares subsidy payments are required to participate in the YoungStar program. The Wisconsin Department of Children and Families created this program to improve the quality of child care and reward high-quality

providers.

Regulated child care providers are given ratings from one to five stars (five being the highest rating). These ratings are based on education qualifications and training, learning environment and curriculum, professional and business practices, and child health and well-being practices.

Those with high ratings receive bonuses, and those with low ratings either receive reduced reimbursements or are not eligible for reimbursement.

In Chippewa and Eau Claire counties, only 53 out of 140 YoungStar participants have ratings of “proficient” or better (3-5 stars). Of those, only 11 providers meet “elevated” or the “highest” standards (4-5 stars).²⁰

Since YoungStar is a new program, it is anticipated that providers will increase the quality of care, and ratings will improve over time.

Affordability

Cost is a major obstacle to quality child care. Although there are federally-funded assistance programs for those who are below the poverty level, many working families earn too much to qualify for these programs, but too little to afford high-quality child care. In Wisconsin, the average annual cost for full-time child care in a center is \$9,050 for a 4-year-old, and \$10,500 for an infant. That’s 18-37% more than the cost of annual tuition and fees (\$7,652) for public college!²¹

Continuity of Care

When babies’ needs are met, they form secure attachments, creating a foundation for healthy growth and development. They are also more likely to play, explore and interact with others while in child care.²²

However, young children tend to encounter many disruptions to their optimum development, including high provider turnover rates, and transitions related to parental employment and housing. Also, due to parents’ work schedules, many have difficulty obtaining full-day care, and/or non-traditional hours of care, which causes many young children to spend time in more than one care setting each day. These and other issues can contribute to slower rates of development and interruptions in a child’s learning process.

Cultural Diversity

It is particularly challenging to ensure high-quality early learning experiences for young children in immigrant families. There are many Hmong and Latino families living in the Chippewa Valley. Children in these families often receive care from unlicensed providers who have less formal training, and operate outside of traditional support networks.

According to a report by the Center for Law and Social Policy, “Children of immigrants are more likely than children of U.S.-born citizens to face economic hardships and significant barriers to healthy development, making them less ready to succeed in school and beyond.” They are also less likely to take part in early education programs, and more likely to receive informal care provided by family, friends and neighbors.²³

Public Awareness

Although most parents understand that the early years are important, many don’t realize that learning starts at birth, and that children are learning all the time. Also, many parents and caregivers don’t know exactly what to do to encourage early learning. They may need more information about how to help develop language and literacy skills, and to support social and emotional development.

Policymakers, elected officials and

other community leaders need more information about early childhood development, and how prevention produces better outcomes than remediation. They need to understand that investments in young children make sense from both a moral and an economic standpoint.

Lack of Data and Consistent Measurement Systems of School Readiness

National

Currently, there are no national school readiness measures, however, there are two initiatives underway to help change that:

1. The National School Readiness Indicators Initiative is a 17-state partnership to establish a core set of common indicators, based on national research and informed by state experiences. The categories include:
 - Ready Children (measures include: physical well-being, social emotional development, learning, language, cognition and general knowledge).
 - Ready Families (measures include: mother’s education, teen births, child abuse and neglect, and foster care).
 - Ready Communities (measures include: young children in poverty, family supports and lead poisoning).
 - Ready Services (measures include services related to health, early care, and school).²⁴



YOUNGSTAR QUALITY RATING SYSTEM FOR CHILD CARE PROVIDERS
YoungStar Participants, June 2013

QUALITY RATING	DESCRIPTION	ADJUSTMENT TO REIMBURSEMENT	CHIPPEWA COUNTY PROVIDER	EAU CLAIRE COUNTY PROVIDER
««««	Meets highest levels of quality standards	Increased 10%	3	6
«««	Meets elevated levels of quality standards	Increased 5%	0	2
««	Meets proficient levels of quality standards	Remains the same	17	25
«	Meets health and safety standards	Reduced 5%	29	55
»	Does not meet health and safety standards, and cannot participate	Not eligible for reimbursement	0	0
	(Not yet rated)		2	1

Source: Wisconsin Dept. of Children & Families, <http://childcarefinder.wisconsin.gov>

2. United Way Worldwide is working with UCLA's Center for Healthier Children, Families and Communities to pilot the Early Development Instrument (EDI) in a variety of communities across the country. The EDI measures five areas of child development, proven to affect school readiness:

- Physical health and well-being,
- Social competence,
- Emotional maturity,
- Language and cognitive development, and
- Communication skills and general knowledge.²⁵

State

The Wisconsin Model Early Learning Standards provide a framework that outlines developmental expectations of young children, and the connections between early experiences and life-long learning. Although the standards include the following "developmental domains," there is no statewide measurement or reporting related to the status of Wisconsin children in all of these areas:

1. Health and physical development,
2. Social and emotional development,
3. Language development and communication,
4. Approaches to learning, and
5. Cognition and general knowledge.²⁶

In 2010, the Governor's State Advisory Council on Early Childhood Education and Care identified a number of system and service gaps, including the following, which relate to data and measurement:

- Lack of a coherent system. There is a complex mix of county, regional, state, and federal structures and services.
- Incomplete data system. A comprehensive data system does not exist about early childhood



programs, individual children and families, and communities.

- Insufficient mechanism to measure effectiveness. There is inadequate data on early education experiences, the quality of services provided, and unmet community needs.
- Inadequate access to screening for developmental delays. A substantial proportion of children under age five do not receive standardized screening for developmental delays.²⁷

As a result, in April 2012, a law was enacted requiring that an early literacy screener be administered to all 5K students enrolled in a school district or charter school in Wisconsin. The Wisconsin Department of Public Instruction has chosen the Phonological Awareness Literacy Screening for Kindergarten (PALS-K). This universal screener is now being used in both the fall and the spring to assess the following:

- Rhyme awareness,
- Beginning sound awareness,
- Alphabet recognition,
- Letter sounds,
- Spelling, and
- Concept-of-word.

Although this tool only measures fundamental literacy skills (and not health or social/emotional development), it is the first step toward standardized measurement of school readiness.

Local

In the Chippewa Valley, there are no standardized screening or reporting methods used to assess school readiness; however, there are many service providers (pediatricians, human service programs, etc.) that use a well-respected, research-based screening tool called the Ages & Stages Questionnaire (ASQ). The ASQ is used at various ages to screen a broad spectrum of development, and the ASQ:SE is used to assess Social Emotional development:

- ASQ – Evaluates communications, motor, problem-solving, and personal-social development.
- ASQ:SE – Evaluates self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people.

Unfortunately, there are currently no coordinated efforts in the Chippewa Valley to standardize usage of the ASQ, or to summarize the data that is collected about individuals. However, the SPHERE system (used by both the Chippewa

County and Eau Claire County Health Departments) has the capability to store, summarize and report statistics collected through the use of ASQ screenings.

Summary

As is evident from United Way's research on this subject, there are similarities between all of these instruments, but there is currently no consistent use, or comprehensive data available that can be used for historical or baseline measurement of school readiness in Chippewa or Eau Claire counties.

Service Gaps

Statewide

In 2010, the Governor's State Advisory Council on Early Childhood Education and Care identified the following service gaps, while conducting an assessment of Wisconsin's early childhood programs:

1. Stable, Nurturing, and Economically Secure Families
 - Parenting education is comprised of a diverse set of programs, creating a fragmented system, with limited information on the range and quality of services provided.
 - Home visiting programs in Wisconsin target primarily at-risk families, but serve only a fraction of that population.
 - Economic support benefits are often underused by eligible families.
2. Safe and Healthy Children
 - Health disparities across multiple important health outcomes are evident for children of color.
 - Mental health: More than half of children in need of mental health services do not receive treatment.
3. Quality Early Learning
 - Data on quality. There is incomplete data on Wisconsin children's education experiences and the quality of care and education they receive, especially for those served in programs not publicly funded.
 - Educational levels. Educational attainment of child care workers was relatively low, reflecting their low wages. Only 30% of family child care providers and 45% of center-based providers had post-secondary education (2- or 4-year degree), considerably lower than educational levels of teachers in four-year-old kindergarten and Head Start/

Early Head Start.²⁸

Chippewa Valley

As a result of conducting a variety of focus groups in Chippewa and Eau Claire counties (including hundreds of organizations and individuals),²⁹ many of the above issues were identified, as well as the following additional gaps and barriers:

Gaps:

- Quality, affordable child care;
- Insufficient number of Head Start program slots;
- Children ages birth to five who need, but don't meet the criteria for, special education services;
- Affordable health care;
- Affordable dental care;
- Availability of mental health services for children; and
- Social supports are needed for moms, including: relationship-building, parenting, cooking classes, etc.

Barriers:

- Lack of basic needs (food, clothing, shelter, etc.) overshadows other concerns;
- Lack of adequate or good childhood nutrition;
- Latino families often feel vulnerable and uncomfortable using currently available services;
- Due to family income needs, Latino youth don't envision higher education as a realistic option; many are more likely to seek employment instead;
- Undocumented children do not have access to services;
- Not knowing how to access services and/or the daunting process of applying for services;
- Inability to qualify for programs;
- Social isolation;
- Judgment from others; and
- Lack of transportation.

NATIONAL PROGRAMS & RESEARCH

Harlem Children's Zone

The Harlem Children's Zone Project was started in 1997 by Geoffrey Canada, and was deemed "one of the most ambitious social-service experiments of our time," by the New York Times. This project takes a holistic approach to rebuilding a community, so that children get a good education, stay on track through school, and successfully enter the job market. The goal is to create a "tipping point," surrounding children with college-oriented peers and supportive adults, creating a "counterweight" to more negative environmental influences, especially prevalent in inner-city environments, like Harlem.

The project is based on two fundamental principles: "to help kids in a sustained way, starting as early in their lives as possible, and to create a critical mass of adults around them who understand what it takes to help children succeed."

It begins with the Baby College, a series of workshops for parents with children ages 0-3, then goes on to provide programs for children of all ages, through college. Programs include in- and after-school programs, social services, health programs and community-building efforts. Families are empowered to have a positive impact on their child's development, and all programs are free.

Examples of their results for young children:

- Upon entry into their 2009-2010 prekindergarten program, Harlem Gems, 16.5% had a school readiness classification of delayed or very delayed. By the end of the year, no students were classified as "very delayed" and the percentage of "advanced" had gone from 21.3% to 41.6%, with another 6.8% at "very advanced," up from 2.1%. Ninety-nine percent of students attained a school readiness classification of average or above.
- In their Promise Academy charter schools, children are outperforming their peers city- and state-wide.³⁰

HighScope Perry Preschool Study

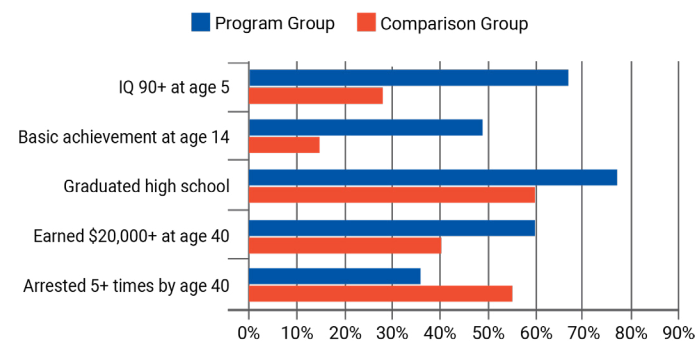
HighScope's Perry Preschool Study examined the lives of 123 African Americans who were born in poverty and at high risk of failing in school. From 1962 to 1967, at ages 3 and 4, these children were randomly divided into a program group and a comparison group. The program group received a high-quality preschool program and the comparison group received no preschool program.

At age 40, 97% of participants still living were interviewed, and additional data was received from their schools, social services and arrest records. The study found that those who were in the program group were more likely to have graduated from high school, more likely to hold a job, had higher earnings, and had committed fewer crimes.³¹

Abecedarian Project

The Abecedarian Project studied the potential benefits of early childhood education for poor children, in four cohorts born between 1972 and 1977.

HighScope Perry Preschool Study at Age 40



From infancy through age five, children from low-income families were provided with full-time educational intervention services in high-quality childcare settings. Special emphasis was placed on language and activities that focused on social, emotional and cognitive development. Children's progress was monitored and follow-up studies were conducted at ages 12, 15 and 21.

Compared with the control group, children who participated in the early intervention program:

- Had higher cognitive test scores from the time they were toddlers through the age of 21,
- They scored 1.8 grade years higher in reading and 1.3 grade years higher in math as young adults,

- They were 4 times more likely to earn a college degree, and
- They were half as likely to smoke marijuana.

Also, mothers whose children participated in the program, achieved higher educational and employment status, and this was especially pronounced for teen mothers. For every dollar spent on the program, taxpayers saved \$2.50 as a result of higher incomes, less need for educational and government services, and reduced health care costs.³²

LOCAL PROGRAMS PROVIDED KEY INPUT

The Education Advisory Council collected and reviewed information from many local programs that serve young children. After evaluating local needs and the program options available, the Council decided to focus its inquiries on evidence-based early childhood programs with a home-visiting component. To gain more insight, representatives from the following local programs were invited to provide further information:

Head Start & Early Head Start

Federally-funded Head Start programs provide quality learning opportunities, health programs, and social services to families with children ages birth to five, who are at or below the poverty guidelines. The Head Start program includes significant parental involvement and includes a home-visiting component. The program uses "Teaching Strategies GOLD" to assess 38 objectives that are predictors of school readiness. Nationally, Head Start serves only 50% of eligible children, and Early Head Start serves only 3% of eligible families.³³

Parents as Teachers

Parents as Teachers is a home-visiting program that focuses on healthy child development, empowering parents to be their child's most important teacher. The program includes personal visits, group meetings, parent education classes, and provides parents with resources and other supports. Ages & Stages Questionnaires are used to assess communication, gross motor skills, fine motor skills, problem-solving and personal/social development.

Birth to 3 Program

The Birth to 3 Program uses a home-visiting model for infants and toddlers identified with developmental delays. Educational and other services are provided to primary caregivers, enhancing their confidence and competence in parenting, so that each child can reach his or her full potential. A variety of instructional strategies and developmental screeners are used. Program models include: Family Guided Routines-Based Intervention, a systematic approach using daily routines as opportunities to teach and practice skills; and the Pyramid Model (Center on Social Emotional Foundations for Early Learning), for supporting social emotional competence through nurturing relationships in supportive environments, providing supports and intervention, as needed.

Nurse-Family Partnership

Public Health Nurses provide various services through home visiting, including prenatal care coordination for high-risk pregnant women, smoking cessation and alcohol education programs, and other case management services. Home visits also include developmental screening (using the Ages & Stages Questionnaire) and safety assessments.

Strengthening Families

The Strengthening Families program is designed to increase family strengths, enhance child development, and reduce child abuse and neglect. It focuses on five protective factors: parent resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.

EDUCATION INITIATIVE

Bold Goal
Target Population
Shared Outcomes
Strategies
Indicator Examples
Service Model

Amended on July, 2017
Amended on May, 2021
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BOLD GOAL: Children in the Chippewa Valley will enter school ready to succeed.

TARGET POPULATION: Families and/or households with children ages zero to five at or below the ALICE threshold.

SHARED OUTCOMES: *Programs must measure one or both of the outcomes.*

Outcome 1: Children in the target population will demonstrate optimum development in the following areas:

- Health and physical well-being
- Social and emotional development
- Language development and general knowledge

Outcome 1 Indicators:

- # and % of children who displayed developmental growth in health and physical well-being.
- # and % of children who displayed developmental growth in social and emotional development.
- # and % of children who displayed developmental growth in language development and general knowledge.

Outcome 2: Parents/guardians/caregivers will provide supportive environments for children in the target population.

Outcome 2 Indicators:

- # and % of participants who demonstrate and/or report an increased understanding of parenting/ caregiving skills.
- # and % of participants who demonstrate and/or report an increased understanding of child development.
- # and % of participants who demonstrate and/or report an increased understanding of available supports and resources

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2013 PLAN REVIEW

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Hundreds of parents, service providers, coalitions, subject experts and community leaders also provided input during the development of this plan.

ENDNOTES

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